FORM D

MAR X 3 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 3938

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OMB	Α	PPR	OV	'ΑL

OMB Number:

3235-0076

Expires: April 2008 Estimated average burden

hours per response 16.00

SEC	USE ONLY		_
Prefix		Serial	_
	Date Re	ceived	_
			_

	tions Fund, Ltd - Class A Shares and Class B	Shares
Type of Filing: ■ New Filing □ Amendment		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (☐ check if this is an amendment a	nd name has changed, and indicate change.)	07047258
Crow Point Utility and Telecommunica	tions Fund, Ltd.	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number Including Area Code)
c/o M&C Corporate Services Limited,	South Church Street, Grand	
P.O.Box 309 GT, Ugland House	Cayman, Cayman Islands	(345) 949-8066
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	10, The New Driftway, Suite203,	
c/o Crow Point Partners, LLC	Scituate, MA 02006	(781) 545-8900
, 220	cettuate, till 02000	•
Brief Description of Business		
Brief Description of Business The company seeks to achieve capital appreciation	and income through long and short investing and trading	
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin	and income through long and short investing and trading	
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin Type of Business Organization	and income through long and short investing and trading esses are principally in the utility and telecommunications □ limited partnership, already formed	industry.
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin Type of Business Organization corporation	and income through long and short investing and trading esses are principally in the utility and telecommunications limited partnership, already formed	other (please specify): incorporated with limited billity under the laws of Cayman Islands
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin Type of Business Organization corporation	and income through long and short investing and trading esses are principally in the utility and telecommunications □ limited partnership, already formed limited partnership.	other (please specify): incorporated with limite
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin Type of Business Organization Corporation business trust Actual or Estimated Date of Incorporation or Organiz	and income through long and short investing and trading esses are principally in the utility and telecommunications limited partnership, already formed limited partnership, to be formed Month Year ation: 12/21/2006	other (please specify): incorporated with limite ability under the laws of Cayman Islands PROCESSED
Brief Description of Business The company seeks to achieve capital appreciation domestic ant international companies whose busin Type of Business Organization Corporation business trust Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (Enter t	and income through long and short investing and trading esses are principally in the utility and telecommunications limited partnership, already formed limited partnership, to be formed Month Year ation: 12/21/2006	other (please specify): incorporated with limite ability under the laws of Cayman Islands PROCESSED MAR 2 6 2007

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Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mall to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or pinted signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

3.5		A. BASIC	IDENTIFICATION DATA	<u> </u>	
2. Enter the information red	uested for the follo	 	THE PARTY OF THE P		
Each promoter of	the issuer, if the is	ssuer has been organized wit	hin the past five years;		
					ass of equity securities of the issuer.
 Each executive of 	ficer and director	of corporate issuers and of c	orporate general and managing	g partners of partners	hip issuers; and
		of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner(Manager)
Full Name (Last name first,	if individual)				<u> </u>
Tooker, Alan		0 0: 0 0: 0			
Business or Residence Add				Observation Character A	
——————————————————————————————————————	Services Limit	tea, P.O.Box 309 G 1,	, Ugiana House, South	Church Street,	Grand Cayman, Cayman
Islands					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner (Manager)
ull Name (Last name first, if	individual)				
Liu, Bobby					
Business or Residence Addre					
			the Americas, 18th Floo		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	国 Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)		· ·		
Bowry, Ramona					
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
o/o M&C Corporate S	ervices Limite	ed, P.O.Box 309 GT, 1	Ugland House, South C	hurch Street, G	rand Cayman, Cayman
slands			•	·	• • •
Check Box(es) that Apply;	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
					trianaging randici
full Name (Last name first, it	findividual)				
		reet, City, State, Zip Code)			manging runci
Business or Residence Addre	ss (Number and St		□ Executive Officer	[1] Director	
Business or Residence Addre		reet, City, State, Zip Code) Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Business or Residence Addre	ss (Number and St		☐ Executive Officer	□ Director	☐ General and/or
Business or Residence Addre- Check Box(es) that Apply: full Name (Last name first, if	SS (Number and St Promoter findividual)	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Business or Residence Addrescheck Box(es) that Apply: Full Name (Last name first, if	SS (Number and St Promoter findividual)	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address	SS (Number and St Promoter findividual)	☐ Beneficial Owner	☐ Executive Officer ☐ Executive Officer	☐ Director	☐ General and/or
Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply:	Promoter Gindividual) ss (Number and St	☐ Beneficial Owner			☐ General and/or Managing Partner ☐ General and/or
Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if	SS (Number and St Promoter findividual) SS (Number and St Promoter findividual)	☐ Beneficial Owner rect, City, State, Zip Code) ☐ Beneficial Owner			☐ General and/or Managing Partner ☐ General and/or
Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply:	SS (Number and St Promoter findividual) SS (Number and St Promoter findividual)	☐ Beneficial Owner rect, City, State, Zip Code) ☐ Beneficial Owner			☐ General and/or Managing Partner ☐ General and/or
Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if	ss (Number and St Promoter f individual) ss (Number and St Promoter f individual) ss (Number and St Promoter	□ Beneficial Owner rect, City, State, Zip Code) □ Beneficial Owner rect, City, State, Zip Code)	☐ Executive Officer	☐ Director	General and/or Managing Partner General and/or Managing Partner

·					B. INFORM	IATION ABO	OUT OFFER	RING		Yes		No
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									•	⊠ ⊠		
2. What is the minimum investment that will be accepted from any individual?								\$ 1 000	,000.00*			
*subject to the manager's discretion to accept investment of lesser amounts									Yes		No	
3. Does the offering permit joint ownership of a single unit?4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any									L			
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Busines	s or Reside	ence Addres	ss (Number	and Street,	City, State,	Zip Code)						
Name of	f Associate	ed Broker o	r Dealer									
States in					Solicit Purchase ates)					. 11 0		
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	All States GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nar	ne (Last n	ame first, if	individual)			1						
	Business or Residence Address (Number and Street, City, State, Zip Code)											
				and Street,	City, State, A	Zip Code)						
Name of	f Associate	d Broker o	r Dealer									
States in					olicit Purchase					All States		
AL	AK	AZ	AR	ĈA	CO	СТ	DE	DC	FL	GA	HI	ID
iL	[IN]	ĪA	KS	KY	LA	ME	MD	MA	MI	MŇ	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC NC	ND	ОН			
RI	SC	SD	TN	TX	UT	VT	VA VA	WA	WV	OK WI	OR WY	PA PR
		·							لبنتيا			
Full Nar	ne (Last na	ame first, if	individual)									
Business	s or Reside	nce Addres	ss (Number	and Street,	City, State, 2	Zip Code)						
Name of	Associate	d Broker o	r Dealer			_						
States in					olicit Purchaso ates)					All States		
AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	Н	ID
IL	IN	ΪΑ	KS	KY	LA	ME	MD	MA	MI	MN	MŠ	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT		WA	[wv]	Wi	WY	PR

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
Ι.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check	у	<u></u>
	this box \square and indicate in the columns below the amounts of the securities offered for exchange at already exchanged.	nd	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0.00	\$0.00
	Equity	\$0.00	\$0.00
	Common Preferred —		
	Convertible Securities (including options)	\$0.00	\$0.00
	Membership Interests in Issuer	\$0.00	\$0.00
	Other (Specify Class A and Class B non-voting, redeemable participating shares)	\$999,999,999.00	\$0.00
	Total	\$999,999,999.00	\$0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the repersons who have purchased securities and the aggregate dollar amount of their purchases on the tenter "0" if answer is "none" or "zero."	number of	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secuby the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the fi securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505.	N/A	\$
	Regulation A	N/A	\$
	Rule 504	N/A	\$
1 ^	Furnish a statement of all expenses in connection with the issuance and distribution of the securit	ting in this	\$ 0.00
* a.	offering. Exclude amounts relating solely to organization expenses of the insurer. The informatic given as subject to future contingencies. If the amount of an expenditure is not known, furnish at and check the box to the left of the estimate.	on may be	
	Transfer Agent's Fees	u \$0.	<u>00</u>
	Printing and Engraving Costs	□ \$o.	<u>00</u>
	Legal Fees		<u>00</u>
	Accounting Fees	× § 25,000.	<u>00</u>
	Engineering Fees	□ \$0.	<u>00</u>
	Sales Commissions (specify finders' fees separately)	s <u> </u>	<u>00</u>
	Other Expenses (identify) State Filing Fees, Administration, Miscellaneous	x <u>10,000.</u>	<u>00</u>
	Total	X 5 75 000	00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate o expenses furnished in response to Part C - Que issuer."				
	<u>\$999,924,999.00</u>		• • • • • • • • • • • • • • • • • • • •		******
5.	Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the furnish an estimate and check the box to the left listed must equal the adjusted gross proceeds to Question 4.b above.	n, its			
				Payments to Officers, Directors , & Affiliates	Payments to Others
Sa	laries and fees			\$	\$
Pι	archase of real estate		\$	\$	
Pι	rchase, rental or leasing and installation of machin	ery and equipment		\$	\$
Co	onstruction or leasing of plant buildings and faciliti	ies		\$	\$
of	equisition of other businesses (including the value fering that may be used in exchange for the assets arsuant to a merger)		\$	\$	
•	orking capital		_	\$	\$999,924,999.00
Ot	her (specify): To create an incentive plan for key e	mployees	П	\$	\$
Тс	otal Payments Listed (column totals added)	×	\$	\$ <u>999,924,999.00</u>	
	D. Fl	EDERAL SIGNATURE			
Ru Co to	e issuer has duly caused this notice to be signed le 505, the following signature constitutes an unumnission, upon written request of its staff, the inf paragraph (b)(2) of Rule 502.	dertaking by the issuer to furnis	h to th to any	ie U.S. Secu	rities and Exchange
C	suer (Print or Type) row Point Utility and elecommunications Fund, Ltd.	Signature	<u> </u>	ŀ	Date 3/07/2007
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
В	obby Liu	Director			



ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001)